2004 FOR PROFIT CORPORATION **ANNUAL REPORT (AR)**

SIGNATURE:

Mar 09, 2004 8:00 am DOCUMENT # P94000035983 **Secretary of State** 1. Entity Name 03-09-2004 90055 040 ***150.00 JEFFREY A. NORKIN, P.A. Principal Place of Business Mailing Address 44 W. FLAGLER ST. 44 W. FLAGLER ST. MIAMI FL 33130 MIAMI FL 33130 3. Mailing Address Principal Place of Business 8751 W. Broward 8751 W Broward Olud Suite, Apt. #, etc. MOORE CR2E034 (11/03) **30** Applied For 4. FEI Number 65-0489754 Not Applicable \$8.75 Additional 5. Certificate of Status Desired Fee Required 6. Name and Address of Current Registered Agent 7. Name and Address of New Registered Agent NORKIN, JEFFREY A 44 W FLAGLER ST SUITE 400 **MIAMI FL 33130** 8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent (NOTE: Registered Agent signature required when reinstating) FILE NOW!!! FEE IS \$150.00 9. Election Campaign Financing \$5.00 May Be After May 1, 2004 Fee will be \$550.00 \Box Trust Fund Contribution. Added to Fees Make Check Payable to Florida Department of State ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11 10. OFFICERS AND DIRECTORS 11. TITLE D TITLE ☐ Addition ☐ Defete Jeffry A. Norkin Brist W. Broward Blud. Ste 309 NORKIN, JEFFREY A NAME NAME 44 W FLAGLER ST STE 400 STREET ADDRESS STREET ADDRESS Plantation, F1.33324 CITY-ST-ZIP **MIAMI FL 33130** CITY-ST-ZIP TITLE ☐ Delete TITLE ☐ Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Addition TITLE ☐ Delete TITLE Change NAME NAME - - -STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP TITLE ☐ Delete TITLE Change ☐ Addition NAME STREET ADDRESS STREET ADDRESS CITY-ST-ZIP CITY-ST-ZIP ☐ Delete TITLE Change ☐ Addition TITLE NAME NAME STREET ADDRESS STREET ADDRESS CITY-ST-7IP CITY-ST-ZIP 12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with attachment with an address, with attachment with an address.

THE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

FILED